

<i>SERFF Tracking Number:</i>	<i>LFCR-126226502</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Massachusetts Mutual Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43007</i>
<i>Company Tracking Number:</i>	<i>LTC50029 7-09</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>MM500-P-AR et al.</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: MM500-P-AR et al.

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: LFCR-126226502

SERFF Status: Closed

Co Tr Num: LTC50029 7-09

Co Status:

Author: Smith Darlene

Date Submitted: 07/15/2009

State: ArkansasLH

State Tr Num: 43007

State Status: Closed

Reviewer(s): Marie Bennett

Disposition Date: 07/30/2009

Disposition Status: Filed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/30/2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/30/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Please see cover letter

Company and Contact

Filing Contact Information

(This filing was made by a third party - LCA01)

Karina Amaral, Compliance Analyst 1 -

karina.amaral@lifecareassurance.com

Advertising

SERFF Tracking Number: LFCR-126226502 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 43007
Company Tracking Number: LTC50029 7-09
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: MM500-P-AR et al.
Project Name/Number: /

21600 Oxnard Street (818) 867-2307 [Phone]
Woodland Hills, CA 91367 (818) 867-2508[FAX]

Filing Company Information

Massachusetts Mutual Life Insurance Company CoCode: 65935 State of Domicile: Massachusetts
Long Term Care Administrative Office Group Code: 435 Company Type:
P.O. Box 4243
Woodland Hills, CA 91365-4243 Group Name: State ID Number:
(818) 867-2450 ext. [Phone] FEIN Number: 04-1590850

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25.00/form x 1 form = \$25.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$25.00	07/15/2009	29213753

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	07/30/2009	07/30/2009

SERFF Tracking Number: *LFCR-126226502* *State:* *Arkansas*
Filing Company: *Massachusetts Mutual Life Insurance Company* *State Tracking Number:* *43007*
Company Tracking Number: *LTC50029 7-09*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *MM500-P-AR et al.*
Project Name/Number: /

Disposition

Disposition Date: 07/30/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LFCR-126226502 State: Arkansas

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover letter		Yes
Form	“What is the sign of a good decision?” Institutional Ad		Yes

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Product Name: MM500-P-AR et al.

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Form Schedule

Lead Form Number: LTC50029

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTC50029	Advertising	“What is the sign of a Initial good decision?” Institutional Ad			0	LTC50029.pdf

WHAT IS THE SIGN OF A GOOD DECISION?

It's finding long term solutions to help protect what's important to you.

Families and loved ones are often unable to perform, or are ill prepared to provide all of the care and support typically required when a long term care need arises. Make sure your next decision is a good one. MassMutual. We'll help you get there.®



General Agency DBA Name

We'll help you get there.®



Title

To find out how we can help you take the next step, contact:

First Name Last Name
License Number
(XXX) XXX-XXXX
xxxx@finsvcs.com
City, State, Zip

Long Term Care Insurance policy issued by **Massachusetts Mutual Life Insurance Company (MassMutual)**, Springfield MA 01111-0001. For costs and further details of coverage, including exclusions, reductions or limitations and terms under which a policy may be continued in force, please contact your agent or MassMutual at (800) 272-2216 to be referred to an agent and an insurance agent will call you. **The purpose of this material is the solicitation of insurance.**

MassMutual Financial Group refers to Massachusetts Mutual Life Insurance Company (MassMutual), its affiliated companies and sales representatives.

LTC50029

CRN201107-121724

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Cover letter 07/13/2009
Comments:
Attachment:
AR DOI Cover 7-09-09.pdf



July 9, 2009

Harris Shearer
Rate and Form Analyst
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: **MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY – NAIC # 65935**
Submission of Advertising Materials To Be Used with Long Term Care Policy Form
MM500-P-AR et al.

LTC50029 “What is the sign of a good decision?” Institutional Ad

Dear Mr. Harris Shearer,

The enclosed advertising material is being submitted for your review and approval. This piece is intended to be “institutional advertising” regarding long term care coverage.

Please note that all bracketed material in these pieces is meant to be variable. Therefore, the box that reads “FPO Image” will be filled with an image of the agent sending it out. The other variables will be filled with the agent information which would include the agent’s license number in the state of California.

Thank you very much for your assistance with this filing. If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karina Amaral', written in a cursive style.

Karina Amaral
Compliance Analyst
(800) 366-5463, Ext. 2307
Karina.Amaral@LifeCareAssurance.com

Attachment

Massachusetts Mutual Life Insurance Company
Long Term Care Administrative Office
21600 Oxnard Street, Suite 1500 • Mailing Address: Post Office Box 4243
Woodland Hills, CA 91365-4243
(888) 505-8952 • Fax (818) 887-4595